

# Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services MUST be included on the invoice.

## Dept of Health

Supplier:  
0000229921  
BIRTHRIGHT OF COLUMBUS INC  
41 N SKIDMORE ST  
COLUMBUS OH 43215

Dispatch via Print

Purchase Order	Date	Revision	Page
DOH01-0000042939	12/24/2015		1
Payment Terms	Freight Terms	Ship Via	
Net 30	FOB Destination, Prepaid	N/A	
Phone			Currency
ABUL BASHER			USD

Ship To: Dept of Health  
P003574  
ABUL BASHER  
P.O. Box 118  
(614) 486-3543  
Columbus OH 43216-0118  
United States

Bill To: Dept of Health  
P.O. Box 118  
(614) 486-3543  
Columbus OH 43216-0118  
United States

Line-Sch	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	1	AMT	1,445	1,445.00	
Eligible organization shall receive Choose Life funds for the material and training needs of pregnant women who are planning to place their children for adoption, etc. Details are as per signed award letter					

Schedule Total 1,445.00

Item Total 1,445.00

CONTRACT NO. 4574/DYANE GOGAN TURNER@cOLUMBUSOHMAIN@BIRTHRIGHT.ORG

CART APPROVED 10/14/15

Total PO Amount 1,445.00

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

## Department Head

Richard Hodges, MPA  
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.

*Handwritten signature*



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Richard Hodges/Director of Health

**Marian K. Schuda, Executive Director**  
**Birthright of Columbus**  
**41 North Skidmore Street**  
**Columbus, OH 43215**

**Tax ID: 00-5160001**

**Dear Ms. Schuda:**

**Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:**

- **Franklin**            **1165**
- **Licking**            **200**
- **Union**             **80**

**Enclosed is a copy of your contract as submitted. You should receive your award totaling \$1,445.00 within the next 30 days.**

**If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.**

**Sincerely,**

A handwritten signature in dark ink, appearing to read "Richard Hodges", is written over a light gray circular stamp.

**Richard Hodges, MPA**  
**Director of Health**

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND SFY15  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

**I. ODH and Organization Information.**

<b>"Organization"</b>	Birthright of Columbus, Inc.
<b>Federal Tax ID Number</b>	
<b>Street Address</b>	41 North Skidmore Street
<b>City, State Zip code</b>	Columbus, Ohio 43215
<b>County of Location Providing Services (One Application Per Location)</b>	Franklin County, Ohio
<b>Address where ODH should Direct Payment</b>	41 N. Skidmore Street, Columbus, Ohio 43215
<b>Contiguous Counties of Service This location serves women from the following counties:</b>	Licking Union
<b>Name of Person and Title completing application</b>	Marian K. Schuda, Secretary
<b>Area Code/Phone Number</b>	614-221-0644
<b>Email</b>	Columbusohmain@birthright.org

**II.** By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- III. **Contiguous Counties of Service.** If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. **By June 1, 2015, if Organization received funds for state fiscal year 2015 (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:**
- A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an Independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
    - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
    - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
    - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
  2. **Notarized Financial Statement Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
    - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
    - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
    - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
  3. **Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
- B. As well as a new Vendor Information Form (if Organization has moved).

**V. By June 1, 2015, new applicants must submit the following:**

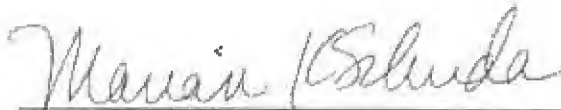
- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
- B. Completed Vendor Information Form; and,
- C. Completed Direct Deposit Form (optional).

**VI. By June 1, 2016, all Organizations** shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

May 17, 2015

Date



Signature of Person Completing Application

Marian K. Schuda, Secretary

[Print Name & Title]

**Application to be submitted to:**

Dyane Gogan Turner MPH, RD/LD, IBCLC  
Ohio Department of Health  
Bureau of Maternal and Child Health  
246 North High Street, 6<sup>th</sup> floor, Columbus, OH 43215  
614.644.6580  
Dyane.GoganTurner@odh.ohio.gov



## → Certified Search for Unresolved Findings for Recovery



**Dave Yost**  
Ohio Auditor of State

Office of Auditor of State  
88 East Broad Street  
Post Office Box 1140  
Columbus, OH 43216-1140  
(614) 466-4514  
(800) 282-0370

### Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

#### Contractor's Information:

**Organization:** Birthright of Columbus Inc

**Date:** 12/11/2015

This search produced the following list of possible matches:

1 Possible matches were found

Name/Organization	Address
Birdsong, Antoinette	3519 Wilmar Circle Dayton, OH 45417

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes an organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Tuesday, June 25, 2013

Construction Management

**Debarred Vendors** - The following companies and officers have been debarred. In addition, the vendors have been debarred from participating in the bidding process or receiving materials from Ohio Department of Transportation, Office of Contracts, Purchasing Services Section.

**All Controls Corporation**

**Debarment Begins: January 13, 2012**

**Permanently Debarred**

**Bright Chemical and Lighting, Inc.**

**Debarment Begins: January 13, 2012**

**Permanently Debarred**

**North Shore Commercial Door Company, Inc.**

**Debarment Begins: January 13, 2012**

**Permanently Debarred**

**Nozzle New, Inc.**

**Debarment Begins: January 13, 2012**

**Permanently Debarred**

**Quattro, Inc**

**Debarment Begins: July 2, 2013**

**Permanently Debarred**

**West Shore New Holland, Inc.**

**Debarment Begins: January 13, 2012**

**Permanently Debarred**

**Debarred Contractors** - The following companies and officers have been permanently debarred. In addition, the company may not participate in the construction bidding process or receive materials from the Office of Contracts, Contractor Qualifications Section.

**Charter Contracting Corp - 152 12th St, Suite B, Campbell, OH 44405**

**Federal ID: 26-3139843**

**Officers: Alan Drienzo**

**Begin Debarment: April 3, 2014**

**Permanently Debarred**

**TesTech**

**Federal ID: 31-1504947**

**Officers: David C. Oakes, Shery B. Oakes, Sherif A. Aziz**

**Begin Debarment: February 7, 2014**

**Permanently Debarred**

**Northern States Industrial Painting**

**Federal ID: 34-1953447**

**Officers: Gust Kafas**

**Begin Debarment: January 29, 2004**

**Permanently Debarred**

**Northern States Industrial Painting**

**Federal ID: 31-1526908**

**Officers: Larry Frangos**

**Begin Debarment: October 4, 2004**

**Permanently Debarred**

**Smith & Johnson Construction Company**

**Federal ID: 31-1193721**

**Officers: Robert J. Johnson aka Jeff Johnson**

**Begin Debarment: March 5, 2007**

**Permanently Debarred**

**Atlas Central Corporation**



<b>Federal ID: 34-0847157</b>	<b>Officer: Bill Pontikos</b>
<b>Begin Debarment: November 22, 2005</b>	<b>Permanently Debarred</b>

**Debarred Individuals :** The following individuals are permanently debarred from participating in any contract with the Ohio Department of Transportation. In addition, they may not participate in the construction bidding process or receive materials from the Office of Contracts, Contractor Qualifications Section.

**Alan Joseph Dirlenzo**

**Residential Address:** Campbell, OH 44405

**Mailing Address:**

**Begin Debarment:** April 3, 2014

**End Debarment:** April 3, 2015

**David C. Oakes**

**Residential Address:** Dayton, OH

**Mailing Address:**

**Begin Debarment:** February 7, 2014

**Permanently Debarred**

**Sherry B. Oakes**

**Residential Address:** Dayton, OH

**Mailing Address:**

**Begin Debarment:** February 7, 2014

**Permanently Debarred**

**Sherif A. Aziz**

**Residential Address:** Dayton, OH

**Mailing Address:**

**Begin Debarment:** February 7, 2014

**Permanently Debarred**

**Robert J. Johnson aka Jeff Johnson**

**Residential Address:** 1 Mironova Place, Suite 2325, Columbus, OH 43215

**Mailing Address:** 885 Grandview Avenue, Suite 270, Columbus, OH 43215

**Begin Debarment:** March 5, 2007

**Permanently Debarred**

**Gust Kafas**

**Residential Address:** 11056 Jasmine Ct, Strongsville, OH 44136

**Begin Debarment:** January 29, 2004

**Permanently Debarred**

**George Ginnis**

**Residential Address:** 5752 Webb Road, Youngstown, OH 44515

**Mailing Address:** 492 Harmony Lane, Campbell, OH 44405-1213

**Begin Debarment:** September 9, 2004

**Permanently Debarred**

**Larry Frangos**

**Address:** 4950 Kennedy Road, Lowellville, OH 44436-9527

**Address:** 5752 Webb Road, Youngstown, OH 44515

**Begin Debarment:** October 8, 2004

**Permanently Debarred**

**Mark O'Donnell**

**Address:** 157 Abbe Road South, Elyria, OH 44035

**Begin Debarment:** October 16, 2008

**Permanently Debarred**

**Robert Jones, Jr.**

**Address:** 10375 Misty Ridge, Concord, OH 44077

**Begin Debarment:** October 16, 2008

**Permanently Debarred**

**James Bright**

**Address:** 5300 Wiltshire Rd., North Royalton, OH 44133

**Begin Debarment:** October 16, 2008

**Permanently Debarred**

**Christian (Chris) Hilty**

**Address:** 7075 Rocker St., Chagrin Falls, OH 44023

**Begin Debarment:** October 16, 2008

**Permanently Debarred**

**James Hartory**

Address: 10545 Locust Grove, Chardon, OH 44024	
Begin Debarment: October 16, 2008	Permanently Debarred
<b>Richard Goldizen</b>	
Address: 3060 Red Oak Dr. Perry, OH 44081	
Begin Debarment: October 16, 2008	Permanently Debarred

### **Contractors and Vendors Removed From The Debarment List-**

<b>Advanced Gas &amp; Welding - 1662 E 361 St, Eastlake, OH 44095</b>	
	<b>End Debar: April 22, 2014</b>
<b>B.P. Contracting &amp; Services – 745 Worthington Forest Pl, Columbus, OH 43229</b>	
Federal ID: 20-0238605	Officers: Paul Woods and any other partners or owners
Debarment Begins: November 23, 2005	Debarment Ends: November 23, 2007
<b>Bauer Mechanical</b>	
	<b>End Debar: April 22, 2014</b>
<b>Brothers Construction (Company of Columbus Inc) – 2090 Leonard Ave., PO Box 24157, Columbus, OH 43219</b>	
Federal ID: 31-1114370	Officers: Brenda K. Ware, Phyllis B. Ware, Paul V. Ware, Sr., Jack H. Ware, Jr.
Begin Debarment: June 1, 1998	End Debarment: June 1, 2001
<b>Custom Powder Coating - 7734 Associate Ave, Brooklyn, OH 44144</b>	
	<b>End Debar: April 22, 2014</b>
<b>Elcho International Inc - 37048 Lakeshore Blvd, Eastlake, OH 44095</b>	
	<b>End Debar: April 22, 2014</b>
<b>FTD Inc "Frank T. Destro Inc"</b>	
	<b>End Debar: May 26, 2014</b>
<b>Flasher Safety – 4589 Manufacturing Rd., Cleveland, OH 44135</b>	
Federal ID: 34-1819040	Officer: Kevin J. Zayas
Begin Debarment: January 26, 1998	End Debarment: January 26, 2001
<b>Jones Janitorial – 2023 Belmont Ave. (PO Box 1753) Youngstown, OH 44501</b>	
Federal ID: 34-1750624	Officers: David Jones, Jack H. Ware, Jr.
Begin Debarment: April 13, 1998	End Debarment: April 13, 2001
<b>J &amp; S Landscape Co. – 20475 Farnsleigh Rd. #114, Cleveland, OH 44122</b>	
Federal ID: 34-1516980	Officer: Harvey Jordan
Begin Debarment: November 1, 1998	End Debarment: November 1, 1999
<b>JEL Idealease –</b>	
Federal ID:	Officer: Robert Jones Jr.
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012
<b>Jim's Iron &amp; Metal Inc. – 413 Hensley Ave. Gallon, OH 44833</b>	
Federal ID: 34-1838967	Officer: Jim Lehner

Begin Debarment: January 26, 1998	End Debarment: January 26, 2001
<b>Jones Equipment, Inc. – 431 Richmond St, Painesville, OH 44077</b>	
Federal ID:	Officer: Robert Jones Jr.
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012
<b>Jordan's Janitorial LLC – 806 Sonora Ct, Englewood, OH 45322</b>	
Federal ID: 31-1580513	Officer: Bonita Jordan
Begin Debarment: December 15, 2003	End Debarment: December 15, 2006
<b>Kent Winter</b>	
Address: 1900 Joseph Lloyd Prkwy, Willoughby, OH 44094	
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012
<b>L &amp; K Industrial Painting Contractors, Inc. – 3186 West 25th Street, Cleveland, OH 44109</b>	
Federal ID: 34-1779109	Officer: Manual G. Kafas
Begin Debarment: April 29, 1999	End Debarment: April 29, 2002
<b>Lake Truck Sales and Service, Inc. – 431 Richmond St, Painesville, OH 44077</b>	
Federal ID:	Officer: Robert Jones Jr.
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012
<b>MPG Painting – 481 Harmony Lane, Campbell, OH 44405</b>	
Federal ID: 31-1789573	Officer: Dimitros Dovas
Begin Debarment: January 6, 1998	End Debarment: January 6, 2001
<b>Maintenance Masters</b>	
	End Debar: May 26, 2014
<b>Marek Land Company - 9965 Darrow Rd Apt 111F, Twinsburg, OH 44087</b>	
	End Debar: April 22, 2014
<b>Mid-American Cleaning Contractors – 447 N. Elizabeth, PO Box 1683, Lima, OH 45802</b>	
Federal ID: 34-1673766	Officer: Ken Piercefield
Begin Debarment: June 11, 1999	End Debarment: June 11, 2000
<b>Midwest Hardware &amp; Supply, Inc. – 3645 Warrensville Center Road, Cleveland, OH 44122</b>	
Federal ID: 34-1879539	Officer: Leroy Wayne
Begin Debarment: November 9th, 1999	End Debarment: November 9th, 2002
<b>Pogonowski Plumbing - 6675 Rochelle Blvd, Parma Heights, OH 44130</b>	
	End Debar: April 22, 2014
<b>Rini Restoration &amp; Waterproof - 1068 Elmwood Dr, Macedonia, OH 44056</b>	
	End Debar: April 22, 2014
<b>TDT Electric dba Taylor Electric, Inc. – 118 Maple Ave., Belfontaine, OH 43311</b>	
Federal ID: 34-1637043	Officers: Thomas D. Taylor, Patricia A. Taylor
Begin Debarment: July 30, 1998	End Debarment: July 30, 2001
<b>Traditional Building - 9273 Pineneedle Dr, Mentor, OH 44060</b>	
	End Debar: April 22, 2014
<b>Trenching Unlimited</b>	
	End Debar: May 26, 2014

<b>Tri-County Janitorial Inc. --</b>	
<b>Federal ID: 31-1604273</b>	
<b>Begin Debarment: June 25, 2003</b>	<b>End Debarment: June 25, 2006</b>
<b>Winter Equipment -- 1900 Joseph Lloyd Pkwy, Willoughby, OH 44094</b>	
<b>Federal ID:</b>	<b>Officer: Kent Winter</b>
<b>Begin Debarment: October 16, 2008</b>	<b>End Debarment: October 16, 2012</b>





USER NAME

PASSWORD

LOG IN

[Forgot Username?](#)[Forgot Password?](#)[Create an Account](#)
[HOME](#) | [SEARCH RECORDS](#) | [DATA ACCESS](#) | [GENERAL INFO](#) | [HELP](#)

## Search Results

- Your search results represent the broadest set of records that match your search criteria. You may get entity registration records that are still in progress or have been submitted, but not yet activated. Check the status of each record.
- Of note, some entities choose to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search. You can only see them if you log in as Federal Government user.
- You can refine your search results. If you used the Quick Search, select the search filters on this page. If you used one of the Advanced Search options, select the Edit Search button.
- If you want to perform a new search, use the Clear button to remove your current search results. If you are logged in with your SAM User Account, you can save your search criteria to run again later using the Save Search button.
- **NOTE: Please read this important message when searching for exclusion records.**

**Current Search Terms: birthright\* of columbus\* Inc\***

[Clear Search](#)

TOTAL RECORDS: 0

Result page 0 of 0

Sort by: Order by: 

### FILTER RESULTS

No records found for current search.

#### By Record Status

- ☒ Active
- ☐ Inactive

#### By Functional Area

- ☐ Entity Management
- ☐ Performance Information

[Apply Filters](#)

Note: Filters are case sensitive

Result page 0 of 0

[Save Filter](#)
[Export Results](#)
[Print](#)

### Glossary

#### Search Results

[Entity](#)
[Exclusion](#)

#### Search Filters

[By Record Status](#)
[By Functional Area - Entity Management](#)
[By Functional Area - Performance Information](#)

SAM | System for Award Management 1.0

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

IBM v1.P.40.20151201-1827  
WWW9



USA.gov



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Richard Hodges/Director of Health

Marian K. Schuda, Executive Director  
Birthright of Columbus  
41 North Skidmore Street  
Columbus, OH 43215

Tax ID: [REDACTED]

Dear Ms. Schuda:

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- Franklin 1165
- Licking 200
- Union 80

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If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.

Sincerely,

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**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND SFY15  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2015. Use this form to apply for SFY 15 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

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<b>Federal Tax ID Number</b>	[REDACTED]
<b>Street Address</b>	41 North Skidmore Street
<b>City, State Zip code</b>	Columbus, Ohio 43215
<b>County of Location Providing Services (One Application Per Location)</b>	Franklin County, Ohio
<b>Address where ODH should Direct Payment</b>	41 N. Skidmore Street, Columbus, Ohio 43215
<b>Contiguous Counties of Service This location serves women from the following counties:</b>	Licking Union
<b>Name of Person and Title completing application</b>	Martin K. Schuda, Secretary
<b>Area Code/Phone Number</b>	614-221-0844
<b>Email</b>	Columbusohmain@birthright.org

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- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

**III. Contiguous Counties of Service.** If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.

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- c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

**3. Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

**B. As well as a new Vendor Information Form (If Organization has moved).**



**V. By June 1, 2015, new applicants must submit the following:**

- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and**
- B. Completed Vendor Information Form; and,**
- C. Completed Direct Deposit Form (optional).**

**Vi. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).**

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

May 17, 2015

Date



Signature of Person Completing Application

Marian K. Schuda, Secretary

[Print Name & Title]

**Application to be submitted to:**

**Dyane Gogan Turner MPH, RD/LD, IBCLC**

**Ohio Department of Health**

**Bureau of Maternal and Child Health**

**246 North High Street, 6<sup>th</sup> floor, Columbus, OH 43215**

**614.644.6560**

**Dyane.Goganturner@odh.ohio.gov**



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Richard Hodges/Director of Health

Marian K. Schuda, Executive Director  
Birthright of Columbus  
41 North Skidmore Street  
Columbus, OH 43215

Tax ID: [REDACTED]

Dear Ms. Schuda:

Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

- Franklin 1165
- Licking 200
- Union 80

Enclosed is a copy of your contract as submitted. You should receive your award totaling \$1,445.00 within the next 30 days.

If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.

Sincerely,

Richard Hodges, MPA  
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND SFY15  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

**I. ODH and Organization Information.**

<b>"Organization"</b>	Birthright of Columbus, Inc.
<b>Federal Tax ID Number</b>	
<b>Street Address</b>	41 North Skidmore Street
<b>City, State Zip code</b>	Columbus, Ohio 43215
<b>County of Location Providing Services (One Application Per Location)</b>	Franklin County, Ohio
<b>Address where ODH should Direct Payment</b>	41 N. Skidmore Street, Columbus, Ohio 43215
<b>Contiguous Counties of Service This location serves women from the following counties:</b>	Licking Union
<b>Name of Person and Title completing application</b>	Martin K. Schuda, Secretary
<b>Area Code/Phone Number</b>	614-221-0844
<b>Email</b>	Columbusohmain@birthright.org

**II.** By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- III. Contiguous Counties of Service.** If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. By June 1, 2016, if Organization received funds for state fiscal year 2015 (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:**
- A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:**
- 1. An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an Independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
    - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
    - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
    - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
  - 2. Notarized Financial Statement Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
    - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
    - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
    - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
  - 3. Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
- B. As well as a new Vendor Information Form (if Organization has moved).**

V. By June 1, 2015, new applicants must submit the following:

- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
- B. Completed Vendor Information Form; and,
- C. Completed Direct Deposit Form (optional).

VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

May 17, 2015

Date



Signature of Person Completing Application

Marian K. Schuda, Secretary

[Print Name & Title]

Application to be submitted to:

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Ohio Department of Health

Bureau of Maternal and Child Health

246 North High Street, 6<sup>th</sup> floor, Columbus, OH 43215

614.644.6580

[Dyane.GoganTurner@odh.ohio.gov](mailto:Dyane.GoganTurner@odh.ohio.gov)